

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/06/2009
FORM APPROVED
OMB NO. 0938-0391

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|---|---|--|--|---|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 294508 | | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 01/02/2009 | |
| NAME OF PROVIDER OR SUPPLIER PARAGON HEALTHCARE | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1701 GREEN VALLEY PARKWAY, SUITE 8B HENDERSON, NV 89074 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| I 000 | <p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as the result of a Medicare recertification survey conducted on 12/31/08 and 1/2/08.</p> <p>Fifteen (15) clinical records were reviewed. Twelve (12) open and three (3) closed.</p> <p>It was determined the facility did not meet the Condition of Participation at CFR (Code of Federal Regulations) at:</p> <p>42 CFR 485.58: Comprehensive Rehabilitation Program (Tag I-532); and 42 CFR 485.62: Physical Environment (Tag I-570)</p> <p>The facility failed to:</p> <ul style="list-style-type: none"> -Establish that pre-existing social or psychological services are being offered; -Ensure that a safe and sanitary environment was provided to protect the health and safety of patients; -Follow policies and procedures designed to control, identify and prevent the spread of infections; -Monitor the infection control program to ensure the staff implement policy and procedures that are consistent with current practices in the community; and -Provide a safe fire egress for patients. <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> | | | I 000 | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| I 000 | Continued From page 1 | I 000 | | | |
| I 532 | <p>The following deficiencies were identified:</p> <p>485.58 COMPREHENSIVE REHABILITATION PROGRAM</p> <p>The facility must provide a coordinated rehabilitation program that includes, at a minimum, physicians' services, physical therapy services and social or psychological services. The services must be furnished by personnel that meet the qualifications set forth in §485.70 and must be consistent with the plan of treatment and the results of comprehensive patient assessments.</p> <p>This CONDITION is not met as evidenced by: Based on interview and record review the facility failed to ensure social or psychological services were provided by the facility.</p> <p>Findings include:</p> <p>On 12/31/08 in the afternoon, the Executive Director indicated they used the services of the Social Workers (of a social service group in the community) and a Psychologist. The facility was unable to provide a personnel file(s) or a contract between the facility and an organization (business or otherwise) for social or psychological services.</p> | I 532 | | | |
| I 570 | <p>485.62 PHYSICAL ENVIRONMENT</p> <p>The facility must provide a physical environment that protects the health and safety of patients, personnel, and the public.</p> | I 570 | | | |

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| I 570 | <p>Continued From page 2</p> <p>This CONDITION is not met as evidenced by: Based on observations, interviews and document review, the facility failed to ensure a safe and sanitary environment, follow policy and procedure to avoid sources and transmission of infections and communicable diseases, and provide an unimpeded fire egress.</p> <p>Findings include:</p> <p>1. Infection control</p> <p>On 12/31/08 in the afternoon, the following items were found in a drawer in the Pulmonary Function Testing (PFT) room:</p> <ul style="list-style-type: none"> - 20 blue non-disposable mouth pieces in closed, undated plastic bags. - 4 loose blue non-disposable mouth pieces. - 20 cardboard 2 inch long cylinders in an unsealed plastic bag. - 4 two inch loose cardboard cylinders. -3 black rubber bags (used on the PFT machine) in an unsealed plastic bag. -1 loose black rubber bag (used on the PFT machine). <p>On 12/31/08 in the afternoon, The Program Coordinator indicated the blue mouth pieces were reused and sterilized after patient use. She indicated she did not know why the cardboard cylinders were in the drawer. She indicated the black bags were used as replacements on the PFT machine.</p> <p>On 12/31/08 in the afternoon, the Program Coordinator and the Administrator indicated a,</p> | I 570 | | | |

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| I 570 | <p>Continued From page 3</p> <p>"Baby Bottle Sterilizer," was used to clean the non-disposable mouth pieces.</p> <p>On 12/31/08 in the afternoon, the baby bottle sterilizer was observed in the kitchen area. The sterilizer contained 10 blue mouth pieces and 10 nose clamps. The Administrator was unable to determine if the contents of the machine were sterilized. He indicated the reusable mouth pieces were washed with plain soap and vinegar before placing them in the sterilizer.</p> <p>On 12/31/08 in the afternoon, the Executive Director indicated the facility had an autoclave on back order. He indicated the PFT was an older model and the blue reusable mouth pieces afforded a better fit than disposable mouth pieces.</p> <p>Document review:</p> <p>On 12/31/08 in the afternoon, the manufacture's instructions for the baby bottle sterilizer indicated, "...For household use only. IMPORTANT: Weekly cleaning the heating element is essential to maintain the performance of the sterilizer..."</p> <p>On 12/31/08 in the afternoon, a review of the facility, "Policy #55-Admission/Treatment for Patients with Suspected Infectious Disease (dated 3/02 and revised 11/07)" indicated, "...Procedure: 1. The Administrator and Program Coordinator will ensure and observe that no patient is denied admission or treatment because that patient is suspected of having an infectious disease...3. In accordance with the Centers for Disease Control recommendations, all patients are treated equally and universal precautions are followed in this facility without exception. The</p> | I 570 | | | |

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| I 570 | <p>Continued From page 4</p> <p>universal precautions standard control practices as discussed in the above recommendations include: -Equipment touching intact mucous membranes should be single use items..."</p> <p>On 12/31/08, the Administrator indicated the facility's Infection Control Committee met at least annually. The Administrator presented the Infection Control Committee minutes dated 7/24/08. The documentation indicated the staff was to follow all cleaning procedures. There was no documentation to indicate what items were to be cleaned or sterilized. The Administrator indicated, the sterilizer was cleaned regularly.</p> <p>The facility was unable to provide documentation of a cleaning or maintenance schedule or a policy and procedure to ensure the sterilizer was functioning properly or the accuracy of the sterilization process.</p> <p>"Policy #55" included regulatory guidelines for removal of medical and biohazardous waste. The policy indicated, "...medical waste will include any electric stimulation pads, dressings, clothing discarded prior to cleaning and any disposable equipment that has direct patient contact. Biohazardous waste will include soppy/bloody or body fluid secretions and sharps..."</p> <p>On 12/31/08 in the afternoon, the Program Coordinator indicated patients who used oxygen or nebulizer treatments while at the facility were given the option to bring the respiratory equipment home and bring it back with them to reuse or the equipment would be thrown away. She indicated if the patient did not want to keep the respiratory equipment, it was thrown in the regular trash. The Program Director indicated that</p> | I 570 | | | |

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| I 570 | <p>Continued From page 5</p> <p>patients who use respiratory equipment at home discard their equipment in the regular trash. The facility had no biohazard bags or a biohazard trash bin.</p> <p>The facility failed to dispose of medical respiratory equipment per facility policy and community standards.</p> <p>NOTE: The facility submitted a plan of correction on 12/31/08, to the state agency indicating that the facility was to use only disposable mouthpieces for the PFT (Pulmonary Function Testing) to abate the "immediate jeopardy" declared as a consequence of the reuse of the non disposable mouth pieces for the PFT, and the facility's inability to establish that true sterilization was occurring and due to lack of proper documentation of the sterilization process.</p> <p>2. Fire exit</p> <p>On 12/31/08 in the afternoon, a tour of the facility was conducted with the Administrator. There were two areas in the front and the back of the facility that were marked as emergency exits. The back emergency exit was partially blocked by a stand-up fan, a coat hanger stand (with coats hanging) and several pieces of physical therapy equipment to include a wheelchair and several walkers.</p> | I 570 | | | |